

# Keep a Clear Mind

Brief Description | Recognition | Program IOM | Intervention Type | Content Focus | Protective Factors  
Risk Factors | Interventions by Domain | Key Program Approaches | Outcomes | Evaluation Design  
Delivery Specifications | Intended Setting | Fidelity | Barriers and Problems | Personnel | Education  
Personnel Training | Cost | Intended Age Group | Intended Population | Gender Focus  
Replication Information | Contact Information

*Program developers or their agents provided the Model Program information below.*

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## **BRIEF DESCRIPTION**

Keep a Clear Mind (KACM) is a take-home drug education program for upper elementary school students, 8 to 12 years of age, and their parents. It is designed to influence known risk factors for late substance use by helping children develop specific skills to refuse and avoid the use of “gateway” drugs.

## **PROGRAM BACKGROUND**

KACM was developed to provide schools with a program that did not require extensive classroom interventions, created parental involvement, was easy and inexpensive to implement, and addressed known risk factors for substance use. The program is based largely on social-cognitive theory and behavioral self-control theory. Program development was initially funded by the U.S. Department of Education with additional funds coming from the Nancy Reagan Foundation and the Community Care Foundation.

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## **RECOGNITION**

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

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## **INSTITUTE OF MEDICINE CLASSIFICATION (IOM)**

### **UNIVERSAL**

Developed for a universal audience.



## **INTERVENTION TYPE**

SCHOOL-BASED

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## **CONTENT FOCUS**

ALCOHOL, ILLEGAL DRUGS, TOBACCO, PARENT COMPONENT

The program targets gateway drugs: alcohol, tobacco, and marijuana.

### **Parent involvement as an adjunct strategy:**

The parents assist in monitoring the student's completion of the homework, return a feedback sheet that entitles the student to receive a small incentive, and receive biweekly parent newsletters for 10 weeks immediately after the homework lesson series is completed.

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## **PROTECTIVE FACTORS**

INDIVIDUAL, FAMILY, SOCIETY

### **INDIVIDUAL**

- Problem-solving skills
- Communication and social skills
- Belief in society's values
- Motivation to pursue positive goals
- Accurate perception of social norms

### **FAMILY**

- High parental expectations
- Clear and consistent parental expectations
- Parental involvement

### **SOCIETY**

- Media literacy and resistance to pro-use messages
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## **RISK FACTORS**

INDIVIDUAL, FAMILY, PEER

### **INDIVIDUAL**

- Lack of self-control and peer refusal skills
- Favorable attitudes toward substance use
- Low self-confidence in ability to refuse alcohol offers

#### **FAMILY**

- Family attitudes that favor substance use
- Ambiguous, lax, or inconsistent rules regarding substance use

#### **PEER**

- Susceptibility to negative peer pressure
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### **INTERVENTIONS BY DOMAIN**

#### **INDIVIDUAL, FAMILY, PEER**

##### **INDIVIDUAL**

- After-school alcohol, tobacco, and drug education/peer-led curricula
- Life/social skills training

##### **FAMILY**

- Task-oriented family education sessions to improve family interactions (e.g., parent involvement in program homework assignments, etc.)

##### **PEER**

- Peer-resistance education
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### **KEY PROGRAM APPROACHES**

#### **INFORMATION SHARING, PARENT-CHILD INTERACTIONS, SKILL DEVELOPMENT, OTHER: HOMEWORK ASSIGNMENTS, INCENTIVES**

##### **INFORMATION SHARING**

Parent newsletters.

##### **PARENT-CHILD INTERACTIONS**

Parents monitor and provide feedback to the teacher on the completion of the homework.

##### **SKILL DEVELOPMENT**

Students develop problem-solving, communication, and social skills.

##### **OTHER: HOMEWORK ASSIGNMENTS AND INCENTIVES**

Students complete a series of weekly homework lessons and receive small tokens from teachers when they turn in the assignments. The teacher may also reward the entire class for an overall high level of homework completion.

## HOW IT WORKS

KACM consists of:

- Four take-home lessons on tobacco, alcohol, marijuana, and drug refusal
- Five parent newsletters
- Student incentives

Four weekly lessons are sent home with the student, preferably on Monday. Lessons include a feedback sheet for parents to indicate that the lesson for that week has been completed; it is returned at the end of each week. Students returning the parent-signed sheet receive a small incentive, such as a KACM bookmark, bumper sticker, or pencil. Students receive these incentives for completing the lesson, not for how well they score. Some schools use additional incentives for scoring well on the lessons. Biweekly parent newsletters are sent home with students for 10 weeks, beginning immediately after completion of the four take-home lessons.

KACM requires a minimal commitment of organizational time, yet it is a cost-effective way to reach parents and enhance parent-child communication about substance use. The program can be easily facilitated by schools, youth organizations, religious groups, and health centers.

KACM is easy to implement. The program is usually conducted over the course of one semester during a school year or during a similar time period. Successful replication of KACM involves:

- Recruiting fourth, fifth, and/or sixth grade students to participate in the program
- Recruiting a program facilitator (e.g., classroom teacher, counselor, etc.)
- Delivering lessons and newsletters, and monitoring the implementation of take-home lessons
- Conducting pre- and postprogram outcome data collection to measure program effects

Many schools find that KACM T-shirts are a useful incentive, but they are also not essential. Assistance in analyzing outcome data and developing evaluation reports is available.

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## OUTCOMES

### REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS, IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER TYPES OF OUTCOMES

#### REDUCTIONS IN BEHAVIORS RELATED TO RISK FACTORS

9% decrease in the Keep a Clear Mind students' perceptions of extensive substance use among peers compared to an 18% increase in the control group's perception.

14% more parents (than in control group) expressed a more realistic view of drug use among young people and a greater realization of its effects.

20% more parents (than in control group) indicated that their children had an increased ability to resist peer pressure to use alcohol, tobacco, and marijuana.

## IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

59% more children indicated that their parents did not approve of the use of marijuana.

29% more parents (than in control group) indicated a decreased expectation that their children would try substances.

15% increase in the number of children who indicated that their parents did not approve of marijuana use.

## OTHER TYPES OF OUTCOMES

- Increases student ability to resist peer pressure to use tobacco, alcohol, and marijuana
  - Increases student recognition of the harmful effects of tobacco, alcohol, and marijuana
  - Helps students identify and choose positive alternatives to substance use
  - Decreases students' actual use of tobacco, alcohol, and marijuana
  - Helps parents become effective drug educators
  - Increases parent-child communication about substance use
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## EVALUATION DESIGN

Two published studies have evaluated the effectiveness of the KACM program. The initial study involved 511 fourth, fifth, and sixth grade students and their parents from six schools in northwest Arkansas. Students were blocked according to school and grade level, then assigned randomly by class to either the KACM program or a control group that was placed on a waiting list for the program. Data were collected from students and their parents approximately 2 weeks before and after program implementation.

The second study involved 1,447 fourth, fifth, and sixth grade students and their parents from 18 schools across the State of Arkansas. Six schools were assigned to the basic KACM program. Six additional schools were to receive KACM plus a family incentives program. The remaining six schools were assigned to a control group that was on a waiting list. Pre- and postprogram data were collected from students and parents at all 18 schools. Additional evaluation of the program's results is currently under way.

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## DELIVERY SPECIFICATIONS

### 5–24 WEEKS

#### Amount of time required to deliver the program to obtain documented outcomes:

The entire program is conducted over the course of one school semester or similar period.

Students complete four weekly homework lessons on tobacco, alcohol, and marijuana and drug refusal.

Parents receive five newsletters over a 10-week period immediately following completion of the homework series.

Students receive incentives when they complete the homework assignment.

## **INTENDED SETTING**

RURAL, URBAN, SUBURBAN

Used in rural, urban, and suburban settings.

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## **FIDELITY**

Components that must be included in order to achieve the same outcomes cited by the developer:

- Recruit fourth through sixth grade students to complete the program
- Program facilitator
- Completion of lessons, delivery of newsletters, and monitoring the implementation of take-home lessons
- Conducting pre- and post-program outcome data collection to measure program effects

Optional components or strategies and how they were determined to be optional:

Facilitator training is optional, as are T-shirts.

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## **PERSONNEL**

FULL TIME

The only personnel involved in this program are classroom teachers.

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## **EDUCATION**

UNDERGRADUATE

An undergraduate degree (teacher training/certification) is required.

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## **PERSONNEL TRAINING**

No training is required.

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## **COST (estimated in U.S. dollars)**

\$101–1,000

Cost considerations for implementing this program as recommended by the developer:

Basic costs for 100 students: . . . . . \$395

## **MATERIALS**

Keep a Clear Mind lessons, parent newsletters,  
and incentives, per student . . . . . \$3.95

Optional Keep a Clear Mind T-shirts with school  
name printed on back . . . . . \$5.95–\$7.95

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## **INTENDED AGE GROUP**

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

The program is intended for upper elementary school children (fourth through sixth grade) who are 8 to 12 years of age.

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## **INTENDED POPULATION**

MULTIPLE ETHNIC GROUPS, WHITE

The published evaluations have dealt with primarily White populations. However, the program has been used with diverse racial/ethnic populations.

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## **GENDER FOCUS**

BOTH GENDERS

The program was developed for both male and female children.

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## **REPLICATION INFORMATION**

NO INFORMATION PROVIDED

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## **CONTACT INFORMATION**

### **ABOUT THE DEVELOPER**

The developers are Chudley Werch, Ph.D., at the University of North Florida (formerly at the University of Arkansas), and Michael Young, Ph.D., from the Health Education Projects Office at the University of Arkansas.

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